



Division Guideline #22

Date: Created June 25, 2012
Reviewed August 26, 2013
Revised June 18, 2014

Title: Consumer Banking

Application: Community Residential Providers, Regional Offices, TCM Providers

This guideline is to be used as a reference for spending out of an individual's Consumer Banking account.

Definitions:

Representative payee- A person or organization appointed to an individual who needs assistance in managing his/her monthly benefits.

Consumer Banking Account- An account established by a Regional Office for an individual's monthly benefits. The Consumer Banking system is housed in CIMOR and contains subaccounts where funds are tracked for specific purposes.

CAT (Care and Treatment) subaccount – The subaccount in the Consumer Banking System where room and board, MoHealthnet Spenddown Premiums, personal spending and other reoccurring expenses are paid.

PRS (Personal) subaccount – The subaccount where available funds are held. These are the remaining funds after expenditures and encumbered funds are subtracted.

CNSV (Conserved) subaccount - The subaccount where funds approved on a Request for Expenditure are held until payment for such expense is made. Funds may be held in the CNSV subaccount up to 60 days.

Personal spending allowance- The amount of money determined by the individual and the Person Centered Planning team to be set aside from the individual's monthly benefit check to be used for the individual's personal needs. Social Security Administration requires the monthly amount to be no less than \$30 per month. This amount can be increased up to \$60 if the person has the funds to increase it

Request for Expenditure Form – Form completed when funding is sought from consumer banking account. This form is valid for 60 days and if not acted upon within that timeframe the request will become invalid.

Process:

The Division of Developmental Disabilities receives the SSA, SSI or other benefits monthly for those for whom they serve as payee or from other representative payees who send benefits for processing through the Division's consumer banking system. The Division uses these benefits to pay monthly room and board costs and other necessary living expenses. The Division maintains a consumer bank account for any unspent funds. These balances are available to be used for other needs identified and approved in the Individual Support Plan. Per Social Security guidelines for payees, the funds must be used for basic needs such as food, clothing, shelter, health related expenses or burial plans/life insurance before they are spent on recreational activities. For those who have a current waiver slot, waiver eligible services or items should be purchased through the waiver whenever possible before any consumer banking funds are used.

The Division manages an individual's consumer banking account to ensure that total resources remain less than \$999. If resources increase beyond this amount, the individual will no longer be eligible for Medicaid and will no longer qualify for the Home and Community Based Medicaid Waiver or Medicaid State Plan services.

A report showing all individuals for whom the Regional Office serves as payee and have fund balances in excess of \$500 will be generated monthly. The report will be distributed to all TCM and State Facility Support Coordinators. The purpose of this report is to alert Support Coordinators to those accounts that are close to reaching Medicaid maximum. All individuals should have identified their anticipated needs and wants for the upcoming year during their Person Centered Planning meeting. This enables the individual, Support Coordinator, family member or provider to ensure these items are purchased with available funding. Once expenses are identified, the Support Coordinator should complete the Request for Expenditure form and submit to the Regional Business Office to verify funds are available. Receipts for these purchases are to be maintained in the individual's file in the business office.

In situations in which there are no identified expenses or a Support Coordinator has not submitted a Request for Expenditure form by the 25th of the month and balances are jeopardizing Medicaid eligibility, the business office will use funds from the consumer banking account to pay for one or more day of residential habilitation to bring the consumer banking balance to as close to \$600 as possible.

Request for Expenditure Process

The Support Coordinator completes the Request for Expenditure; including verifying available funds in Consumer Banking (PRS subaccount) and forwards to immediate supervisor.

The supervisor approves the request if the request is justified. If RO approval is needed the supervisor will send the form to the designated regional office staff person for further processing.

Approvals:

- \$299.99 and below requires only immediate Supervisor's approval
- Requests for \$300 and above will be approved by both the Supervisor and the Regional Office Director/Designee (generally the Assistant Director of Treatment.)

The approved Request for Expenditure will be forwarded to the Business Office for further processing and encumbrance of funds. A copy of the approved Request for Expenditure will be forwarded to the Support Coordinator and the Provider as necessary.

If the Request is denied, the denied box must be checked and the reason given. The original Request for Expenditure will be returned to the Support Coordinator.

Invoices Received Directly by the Business Office

The Business Office will review pharmacy bills received directly by the Regional Office to ensure (1) Medicaid/Medicare has been billed and (2) the charges have not been previously paid. If the individual's charges are under \$50 the Business Office will automatically make payment once all other funding sources have been researched (i.e. Medicaid). If an individual's charge is \$50 or above the Business Office will generate a Request for Expenditure form. The form will be forwarded to the Director/Designee for approval. Original invoices will be retained by the Business Office and will be made available for review if requested.

Any medical/dental copays/charges received directly by the Business Office, will be reviewed to ensure (1) Medicaid/Medicare has been billed and (2) the charges have not been previously paid. If the individual's charges are under \$50 the Business Office will automatically make payment once all other funding sources have been researched (i.e. Medicaid). If an individual's charge is \$50 or above the Business Office will generate a Request for Expenditure and forward to the Support Coordinator for approval (based on criteria above). Original invoices will be retained by the Business Office and will be made available for review if requested.

Additional Notes:

According to Social Security policies, at least one original, faxed or electronic signature must be on the Request for Expenditure. If the request is under \$300 the Support Coordinator supervisor reviews the request, and if approved, signs the form and either scans, faxes or mails the form to the Business Office. If the agency has electronic signature capability the form can be emailed directly to the Business Office. If the request is over \$300 the support coordinator and the supervisor can type their name on the form submit to their designated Regional Office contact. That contact person will be responsible for printing out the form, securing necessary signatures and submitting to the Business Office.

If the actual price varies by \$20 or less from the original amount designated the Request for Expenditure may be processed for payment as long as funds are available in PRS and the items purchased were all approved on the original Request for Expenditure. Any variance above \$20 needs to go back to the final approver of the original request.

The Request for Expenditure form is valid for 60 days from date of final approval. At the end of the 60 days, the form will be marked voided and sent to the originating Support Coordinator. The funds that had been put into the CNSV subaccount will be transferred to PRS.

If the payment upfront method is used, receipts must be submitted to the Business Office within 30 days of consumer banking check date. At the end of 30 days Business Office staff will email the Support Coordinator and supervisor letting them know the receipts have not been turned in. After 60 days from consumer banking check date the Business Office will complete a referral form to Provider Relations for further follow-up.

The Request for Expenditure form will also serve as the approval document for spending \$100 or more out of the personal funds held at the home (per Directive 5.070). The person making the request (generally home staff) will complete the Request and forward to the Support Coordinator for approval. Once the Support Coordinator signs off on the form, it will be returned to the home where it will be maintained with the individual's other banking documentation.

This guideline will be reviewed and updated annually, if needed.